

Home Health Advisory Group

Discussion of Options

October 29, 2008

Goals

- Provide greater choice for Medicare beneficiaries while maintaining high quality
- Improve information about quality and satisfaction in all skilled residential services
- Improve quality / oversight of non-HHA residential services
- Limit impact on state budget

General strategy

- Move to single licensure with levels of care
- Tighten criteria for entry to basic licensure
- Link entry to higher levels to demonstrated experience, quality, management skills
- Enhance reporting of quality and satisfaction

Skilled residential services

- More rigorous initial application process, with emphasis on management and business model
- State-wide licensure
- More substantial licensure fees
- Conditional licensure period with performance standards:
 - Achieve a minimum volume of service
 - Achieve defined satisfaction levels
- Require accreditation
 - Initially or after the first 1-2 years providing service?

Home health agency licensure and certification

- Alternative processes to evaluate entry by existing Maryland residential service providers:
 - CON-like review
 - Accreditation
 - Minimum service volume requirements as "RSA"
 - Extended provisional licensure period to meet:
 - Medicare 10 case performance criteria
 - State satisfaction measures on larger volume of clients
- More substantial initial application fees
- State-wide rather than jurisdictional licensure

The special case of existing out-of-state home health agencies

- Existing state licensure processes elsewhere provide limited assurance of quality
- Accreditation:
 - Should accreditation elsewhere translate to accreditation to provide services in Maryland?
 - Should separate accreditation be required for delivery of services in Maryland?
- Provisional period
 - Should out-of-state HHA entrants be required to meet the same criteria as Maryland agencies seeking HHA certification?

Accreditation

- Is accreditation sufficiently rigorous that it justifies “deemed status” for licensure?
 - Can accreditation substitute for the initial evaluation process?
 - For periodic reviews?
- Should accreditation be supplemented by quality and satisfaction measures?

Quality and Satisfaction Measures: Public Reporting Only or a Basis for Licensure Decisions

- Will enhanced CMS measures based on OASIS be sufficient?
 - Could they serve as a criterion for re-licensure?
 - If continued licensure were dependent on quality, are the measures difficult to skew?
 - Is auditing feasible for any of the measures?
- Are complaints a meaningful measure of satisfaction
- Would client/family satisfaction measures be informative?
 - Could they serve as a criterion for re-licensure?
- Should there be a minimum service volume?

Resources

- Anticipated effect of proposals:
 - Increase number of HHAs
 - Decrease number of RSAs
- Options for handling increased oversight:
 - Accreditation
 - limits demands on state funds and positions
 - Increase fees to cover additional licensure process, re-licensure, and inspections
 - Are fees cost-based, or are they in themselves an intentional restriction on entry?
 - If used alone, without greater review of applicants, requires limited resources
 - If coupled with greater review of applicants, would further decrease the number of agencies overseen